



Governor's Proposed Budget FY18-FY19
Appropriations Hearing
Department of Mental Health and Addiction Services
Thursday, February 23rd, 2017

Senator Osten, Senator Formica, Representative Walker, Representative Ziobron, and Members of the Committee, thank you for hearing my testimony today on the important investments through the Department of Mental Health and Addiction Services to support efforts to end homelessness in CT.

I am the associate director of the New England office of the Corporation for Supportive Housing (CSH), a national nonprofit that works with communities across the country to develop deeply affordable housing with support services to enable vulnerable people with disabilities to exit homelessness or institutions, and live successfully and thrive in their communities. CSH is a partner in the statewide Reaching Home campaign to end homelessness, as well as being funded by DMHAS to provide the Supportive Housing Quality Initiative in the state.

In Connecticut, a significant proportion of the support services for formerly homeless people living in supportive housing are provided under the Department of Mental Health and Addiction Services through the Housing Supports and Services line. We appreciate the longstanding commitment of the Governor and legislative leaders to ending homelessness in the state, and ask that you maintain these critical services at the levels proposed in Governor Malloy's budget, \$23.2 million in FY 18 and FY 19.

Connecticut has made enormous strides toward ending chronic homelessness, with organizations across the state working together closely to coordinate efforts to ensure that resources are targeted to the highest-need individuals in each community. Permanent supportive housing is nationally recognized as an evidence-based intervention that is the most effective solution to ending homelessness for people who are long-term homeless with disabilities. And compared to continuing in homelessness, supportive housing is proven to save communities up to 70% of public costs including shelters, jails, and crisis medical services.

DMHAS currently funds 53 providers across the state to deliver the housing stability support services that are an essential component of supportive housing. Supportive housing tenants face extremely high barriers to housing stability. They have high rates of mental health issues, chronic health issues, histories of trauma, and cognitive impairments, as well as substance abuse challenges. Most have extremely limited social support networks and little or no income.

Recognizing the intensity of need represented in this population, it may not be obvious why the supports required would not most effectively come from the relevant healthcare, mental health, or substance use sectors. One key reason is that healthcare systems are designed to meet the needs of people who are willing and able to comply with treatment directions. In contrast, a person with active mental health symptoms may be unaware of their condition. A person with degenerative neurological issues may be unable to follow directions. A person with a history of intense trauma may have major challenges in trusting a healthcare provider. A person whose active substance abuse is mitigating the distress of underlying mental health or trauma challenges may be unwilling to consider decreased use.



The DMHAS-funded service providers have deep expertise in addressing these complex challenges using a culturally competent, person-centered approach. Their lean, mission-driven organizational structures allow them to respond flexibly to emerging client needs, to engage and develop relationships over time, to be there when crises occur and build motivation for positive change. They leverage their own limited resources by working intensively to connect tenants wherever possible to mainstream system resources, and work to help tenants engage or re-engage with natural supports whenever possible. They evaluate client need using a standardized assessment and acuity index to continually inform the targeting of case management services to the tenants in greatest need.

With the 2016 statewide success of matching every chronically homeless person with a housing resource, supportive housing service providers across the state have had an influx of a large number of very high-need new tenants in a short period of time. The people matched with housing during this process were prioritized based on need and vulnerability more systematically than in the past – a positive change for the people served, but a change that is resulting in unintended additional challenges for providers.

Providers are already reporting that this new cohort represents notably higher levels of need than can readily be accommodated with their existing staffing. Any further cuts to these providers will likely have immediate, direct negative consequences for the housing stability and health outcomes of supportive housing tenants. This would mean both that some highly vulnerable people who are currently housed would be likely to re-enter homelessness, and that it will be extremely difficult to house other chronically homeless people as they are newly identified. Beyond the impact on these individuals, these increases in homelessness would be far more costly for our communities than the costs of the services needed to maintain stability.

I appreciate your consideration of my testimony, and I thank you for your support for efforts to end homelessness in Connecticut.

Sincerely,

Betsy Branch
Associate Director
Corporation for Supportive Housing